ĺ	PATENT A			N FEE D	RD	09-461580						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								LL ENTIT		OTHE	R THAN ENTITY	
FOR			NUMBER FILED		NUMBER	NUMBER EXTRA		E FEE		RATE	FEE	1
BASIC FEE					N			380.0	ν OR		760.00	1
TOTAL CLAIMS			4	/ minus	20= + 4/		X\$ 9	=	OR	X\$18=	738	1
INDEPENDENT CLAIMS				minus	3= . 25	3= • 15			OR	7420	n/	1
MULTIPLE DEPENDENT CLAIM PRESENT							+130	 ,			1,,,,	1
* If the difference in column 1 is less than zero, enter "0" in column 2									OR	L	11/6	ł
			MENDE	TOTA		OR	TOTAL	THAN	1			
(Column 1) (Column 2) (Column 3)							SMA	L ENTITY	OR	SMALL		
AMENDMENT A		REM. AF	AMS ANING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI TIONA FEE	VL.	RATE	ADDI- TIONAL FEE	
2	Total	· (2	Minus	· 20	-41	X\$ 9	=	OR	X\$18=	738.0	D)
AME	Ind pendent	*. 7	8	Minus	 3	- 15	X39		OF	5 X78= 8		VIE
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR	+260=		
								<u> </u>		TOTAL		
C	7-29-04	(Colu	ımn 1)		(Column 2)	(Column 3)	ADDIT. F	EE		ADDIT. FEE		
AMENDMENT B		REM/ AF	NMS NNING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	* le	le	Minus	# 61	=5	X\$ 9:	. 450	OR	X\$18=		İ
AME	Ind pendent	*	5	Minus	18		X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ا را	+260=		
Lee pd							TOT		OR	TOTAL		İ
(Column 1) (Column 2) (Column 3)								E L/	7	addit. Fee		
AMENDMENT C		REMA AF	UMS UNING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONA FEE	1 1	RATE	ADDI- TIONAL FEE	
	Total	*		Minus	tob	=	X\$ 9=		OR	X\$18≃		
ME	Independent	٠		Minus	***	=	X39=		T	X78=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR		 	
• 1	f the intry in colu	ss than th	e ntry in colu	+130=		OR	+260=					
"If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEEOH ADDIT. FEE												
•	Th "Highest Num	ber Previ	ously Pak	d For (Total o	r Independent) is th	e highest number	r found in the	appropriate t	oox in col	umn 1.		

Application or Docket Number